

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: **PAGE 203 / 3479**  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
*Elizabeth Dole Committee, Inc.*

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Genevieve Medlin Woodall  
Mailing Address 413 S 2nd St

City State Zip Code  
Smithfield NC 27577-4411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
521.00

Date of Receipt

MM / DD / YYYY  
09 / 04 / 2008

Transaction ID: 80908.C470742

Amount of Each Receipt this Period

50.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John B. Fisher  
Mailing Address 2029 Robin Rd

City State Zip Code  
Salisbury NC 28144-2309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

MM / DD / YYYY  
08 / 06 / 2008

Transaction ID: 80822.C462205

Amount of Each Receipt this Period

50.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William S. Furman  
Mailing Address 120 Eagle Rock Avenue

City State Zip Code  
East Hanover NJ 07936-3150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Insurance

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1850.00

Date of Receipt

MM / DD / YYYY  
08 / 07 / 2008

Transaction ID: 80822.C462880

Amount of Each Receipt this Period

750.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)